

# ASBESTOS ABATEMENT AND DEMOLITION/RENOVATION NOTIFICATION FORM

FOR OFFICIAL USE ONLY:

Date Received 1:

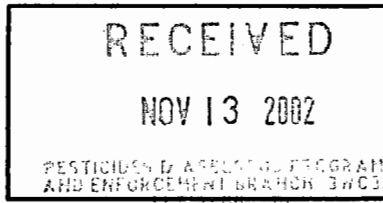
Date Received 2:

Postmark date:

Project ID #:

Permit #:

Inspector:



TYPE OF NOTIFICATION (check one):

☒ Initial ☐ Revision (Highlight Changes) ☐ Cancellation ☐ Courtesy

PROJECT LOCATION (check one):

☒ Allegheny County ☐ City of Philadelphia ☐ Other Location in PA (specify county):

FOR ALLEGHENY COUNTY AND CITY OF PHILADELPHIA PROJECTS:

A. Does this project require a permit? (Y/N) Y (If Y, a permit application must be submitted along with this notification and approved prior to the start of the project.)

B. For City of Philadelphia projects requiring a permit:

Asbestos project inspector: NA Certification #: NA  
Company name: NA  
Address: NA  
City: NA State: NA Zip: NA

WILL ALTERNATIVE METHODS TO ANY OF THE APPLICABLE REGULATIONS BE USED? (Y/N): N

(If Y, approval must be obtained prior to the start of the project. Please contact the appropriate DEP regional office or local government agency (see page 6) for alternative method request procedures.)

TYPE OF OPERATION (check one):

☐ Demolition ☐ Ordered Demolition ☒ Renovation ☐ Emergency Renovation

FACILITY DESCRIPTION:

Facility name: US Steel - Clairton Works - Benzol Water Treatment Plant  
Address: 400 State Street  
City: Clairton Zip: 15025  
Facility size in square feet: 20000 # of floors: 2 Age in years: 50  
Present use: Water Treatment Plant Prior use: Water Treatment Plant  
Will the facility be occupied during the abatement activity? (Y/N): Y

ABATEMENT CONTRACTOR:

Company name: Project Development Group Inc.  
Allegheny County or City of Philadelphia license # (if applicable): ACAL-02-2026  
Address: 102 Technology Lane  
City: Export State: PA Zip: 15632  
Contact: Ray Pegher Telephone: 724-325-1449

OTHER CONTRACTOR:

Company name: NA  
Address: NA  
City: NA State: NA Zip: NA  
Contact: NA Telephone: NA

FACILITY OWNER:

Company name: US Steel - Clairton Works  
Address: 400 State Street  
City: Clairton State: PA Zip: 15025  
Contact: Oscar Simmen Telephone: 412-233-1139

0. FACILITY INSPECTION: (Completion required for demolition)

Building inspector: NA Certification #: NA  
 Date of inspection: NA Is any type of asbestos present? (Y/N): NA  
 Is any material assumed to be asbestos? (Y/N): NA  
 Procedure, including analytical method, if appropriate, used to detect the presence of asbestos material:  
 NA

1. TYPE OF ACM, DESCRIPTION & LOCATION OF MATERIAL, APPROXIMATE AMOUNT OF ACM, TYPE OF ABATEMENT & THE FINAL AIR CLEARANCE METHOD:

Code *	Description of Material	Location of Material (room/floor/area)	Amount of ACM	Code **	Code ***	Code ****
FRI	Tank Insulation	Benzol Water Treatment Plant 2nd Floor	700	SF	REM	PCM
FRI	Pipe Insulation	Benzol Water Treatment Plant 2nd Floor	900	SF	REM	PCM

Code \*                      Code \*\*                      Code \*\*\*                      Code \*\*\*\*  
 Type of ACM                      Units                      Type of Abatement                      Final Clearance Method  
 FRI - Friable ACM                      LF - Linear ft.                      REM - Removal                      PCM - Phase contrast microscopy  
 NF1 - Cat 1 nonfriable ACM                      SF - Square ft.                      CAP - Encapsulation                      TEM - Transmission electron microscopy  
 NF2 - Cat 11 nonfriable ACM                      CF - Cubic ft.                      CLO - Enclosure  
 (Note: Allegheny County                      NON - None  
 treats all ACM as friable)

☒ Y Regulated by Asbestos NESHAP

If additional space is needed, attach another sheet with similar format.

2. OPERATION SCHEDULE(S):

A. For asbestos abatement: Start date: 11/21/02 Completion date: 12/20/02  
 Days of week (circle): Mo Tu We Th Fr Sa Su  
 Daily hours of operation: 7:00 am pm to 3:30 am pm

B. For demolition/renovation: Start date: NA Completion date: NA  
 Days of week (circle): Mo Tu We Th Fr Sa Su  
 Daily hours of operation: NA am pm to NA am pm

3. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK:

Removal of asbestos containing material as indicated in Block # 11.

14. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO REMOVE ACM AND TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:
- Work will be performed within a negative pressure containment in accordance with ACHD regulations, Article XXI. Airlocks will be constructed at the entrance to the work area. Ventilation ducts and openings to other floors will be sealed using tape and 6-mil plastic sheeting. Negative air pressure equipment will be installed to provide one airchange every 15 minutes and will operate continuously until final clearance is achieved. ACM will be wet by spraying with an amended water solution. Removed asbestos will be bagged immediately, double bagged for transport out of the building for transport to the landfill listed in Block No. 16. All surfaces will be cleaned by wet wiping and HEPA vacuuming prior to encapsulation.

15. WASTE TRANSPORTER(S):

- A. Transporter #1 name: Project Development Group Inc.  
Address: 102 Technology Lane  
City: Export State: PA Zip: 15632  
Contact: Ray Pegher Telephone: 724-325-1449
- B. Transporter #2 name: Waste Management, Inc.  
Address: 310 Leger Road  
City: North Huntingdon State: PA Zip: 15642  
Contact: Scott Dellinger Telephone: 724-864-5166

16. WASTE DISPOSAL SITE:

- Landfill name: Valley Landfill DEP permit #: 100280  
Address: RD#2 Box 282A Pleasant Valley Road  
City: Irwin State: PA Zip: 15642  
Contact: Jerry Sabitini Telephone: 724-744-7446

17. AIR MONITORING FIRM(S):

- A. Company name: Allegheny Asbestos Analysis, Inc.  
Address: 416 Anthony Street  
City: Carnegie State: PA Zip: 15106  
Contact: Larry Troutman, Jr. Telephone: 412-278-5400
- B. Final Clearance firm (if different from 17A): NA  
Address: NA  
City: NA State: NA Zip: NA  
Contact: NA Telephone: NA
- C. The firm performing final clearance was hired by (check one):  
☒ Contractor ☐ Owner ☐ Other (explain):

18. AIR SAMPLE ANALYSIS FIRM(S) (City of Philadelphia projects only):

- A. PCM company name: NA Certification #: NA  
Address: NA  
City: NA State: NA Zip: NA  
Contact: NA Telephone: NA
- B. TEM company name: NA Certification #: NA  
Address: NA  
City: NA State: NA Zip: NA  
Contact: NA Telephone: NA

9. FOR ORDERED DEMOLITIONS (attach copy of order):

Government agency that ordered NA

Name of individual who ordered NA

Date of order (mm/dd/yy): NA

Title:

NA

Date ordered to begin (mm/dd/yy):

NA

10. FOR EMERGENCY RENOVATIONS:

Date of emergency (mm/dd/yy): NA

Hour of emergency: NA am / pm

Description of the sudden, unexpected event:

NA

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

NA

11. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLER, PULVERIZED, OR REDUCED TO POWDER:

Contain work area by sealing off all openings, install negative pressure to area, decontaminate work area and obtain final clearance air test and inspections as appropriate.

12. PENNSYLVANIA CERTIFICATIONS/LICENSES:

Project Designer:

Gene T. Orris

Certification #: 004066

Contractor (Individual):

Gene T. Orris

Certification #: 004066

Supervisor:

Randy Bowser/Dave Fraser

Certification #: 002349/006632

Contractor (Firm):

Project Development Group Inc.

License #: C0026A

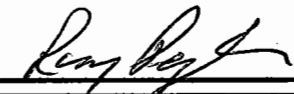
13. I HEREBY CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF 40 CFR PART 61 SUBPART M (IF APPLICABLE) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING ALL WORKING HOURS AND I CERTIFY THAT ALL WORK WILL BE DONE IN ACCORDANCE WITH ALL APPLICABLE STATE AND LOCAL AGENCY RULES AND REGULATIONS:

Printed name of owner/operator

Ray Pegher

Title: Project Manager

Signature of owner/operator:



Date: 11/12/02

14. I HEREBY CERTIFY THAT THE FOREGOING STATEMENTS AND THE INFORMATION CONTAINED IN THIS NOTIFICATION FORM ARE TRUE. THIS CERTIFICATION IS MADE SUBJECT TO THE PENALTIES SET FORTH IN 18 PA C.S. 4904 RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES:

Printed name of owner/operator

Ray Pegher

Title: Project Manager

Signature of owner/operator:



Date: 11/12/02

OFFICIAL USE ONLY:

From: LAWRENCE J. HORVAT (724)325-1449  
PROJECT DEVELOPMENT GROUP, INC  
102 TECHNOLOGY LANE

EXPORT, PA, 15632

REVENUE BARCODE



**FedEx**

To: Asbestos NESHAPS (3WC32) (215)597-1970  
USEPA Region III  
1650 Arch Street

SHIP DATE: 12NOV02  
WEIGHT: 1 LBS

Philadelphia, PA, 19103

Ref:



DELIVERY ADDRESS BARCODE(FEDEX-EDR)

TRK # 7921 3198 3676 FORM 6281

FedEx STANDARD OVERNIGHT

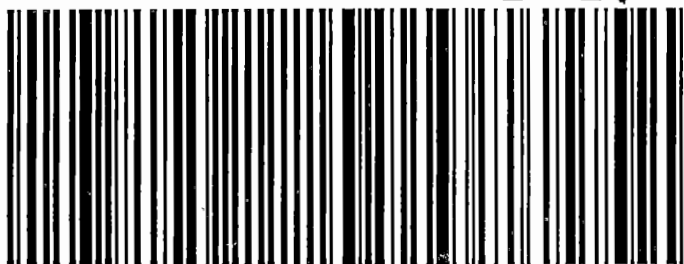
PHL

19103-PA-US

**XB PSQA**

WED  
A1

Deliver by:  
13NOV02



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Cancel Shipment

Edit Shipment Information

1. Use the "Print" feature from your browser to send this page to your laser printer.
2. Fold the printed page along the horizontal line.
3. Place label in air waybill pouch and affix it to your shipment so that the barcode portion of the label can be read and :

## Shipment Details

To print a copy of the shipment information for your records, please click "Shipment Details".

Shipment Details

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Ship Outside U.S.

Ship to Same Recipient

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